Annual Obesity Report 2017

State of Nevada
Division of Public and Behavioral Health

Contents

Background

Obesity, in both children and adults, is defined as "abnormal or excessive fat accumulation that presents a risk to health."[i] Body Mass Index (BMI - the ratio between weight in kilograms and height in meters squared) is considered a good estimate, proxy, and/or indicator of body fat. For adults, a person is considered obese if their BMI is ≥ 30.[i] For the past three decades, the American population's rates of obesity and being overweight have increased. As the waistline of the average American continues to grow, so do associated health issues. Moreover, in recent years, obesity has become one of the largest contributors to preventable death in America.[ii]

Adult Obesity

In the United States, the percent of adults considered obese has significantly increased over the past three decades, and in 2016, 30% of adults were considered obese.[iii] Obese adults are at increased risk for many serious health issues such as heart disease, stroke, Type 2 diabetes mellitus (T2DM), and certain cancers — all of which are leading causes of premature death.[ii,iv] Furthermore, obese adults are at risk for a multitude of other health conditions, psychosocial issues, and a lower quality of life.[iv] In addition to health consequences, there is a severe economic burden on both the obese individual and the health care system. In 2008, annual medical costs for an obese individual were approximately $1,429 higher than for a healthy weight individual, and the estimated cost in the United States was $147 billion.[iv]

Child Obesity

One in three U.S. children 2-19-years-old (y.o.) are considered overweight or obese,[v] with 17% of those children considered obese.[vi,vii] Childhood obesity rates have increased 3- to 4-fold in the past three decades, with 6- to 11 y.o. children's obesity rates increasing from 6% to 18% and 12- to 19 y.o. adolescents' obesity rates increasing from 5% to 20% from 1975-80 to 2011-12.[vii,viii,ix,x] Obese children are at increased risk for cardiovascular disease (CVD) risk factors in childhood, such as high blood pressure, high cholesterol, and glucose impairment.[ix,x] A recent analysis demonstrated approximately 70% of obese children will likely have at least one additional CVD risk factor, and 39% will likely have two or more additional CVD risk factors *during childhood*.[xi] Further, the *White House Task Force on Childhood Obesity Report* estimated 1 in 3 children born in 2000 will develop diabetes.[vi] Obese children are also at increased risk for sleep apnea, liver disease, bone and joint issues, psychosocial issues, and poorer academic performance.[ix,xi] Finally, obese children are more likely to become obese adults.[vi,ix,xi]

Nevada Obesity Overview

Adult Obesity

In Nevada, 26% of adults were considered obese in 2016.[xii] Similar to national trends, 2016 data showed a greater percentage of non-Hispanic blacks (28%) were considered obese compared to Hispanics (26%) and non-Hispanic whites (26%). Heart disease, stroke, chronic lower respiratory diseases, and certain cancers are among the leading causes of death in Nevada.[xiii] In 2014, 13,246 deaths attributed to those four causes were more likely to occur in obese individuals.[xiii]

Child Obesity

The percentage of obese youth in Nevada has been steadily climbing. One in three Nevada children entering kindergarten in Fall 2016 were considered overweight or obese, with 20% of those children considered obese.[xiv] The highest percentage of obese children was within Native American/Alaska Native children (57%).[xiv] African American children (40%) and Hispanic children (31%) had obesity rates over 25%.[xiv] Caucasian children had the lowest obesity rates (14%).[xiv] Further, in 2015, 11% of 9th-12th grade students were considered obese.[xv]

Even for children entering kindergarten, engaging in unhealthy behaviors such as not being physically active, high amounts of sedentary time, and/or demonstrating poorer nutrition patterns was linked with a higher percentage of childhood obesity. By contrast, those engaging in healthier behaviors, such as increased physical activity and decreased sedentary time, were more likely to have healthy weights and less likely to be obese.[xiv]

Nevada Obesity Prevention and Control Program

Overview

The Nevada Obesity Prevention and Control Program (OPCP), housed within the Division of Public and Behavioral Health (DPBH) Bureau of Child, Family and Community Wellness, focuses on implementing evidence-based strategies to create a culture of obesity prevention by changing obesity-related behaviors thereby curtailing/reducing child and adult obesity in Nevada. Strategies include altering the physical and social environment to:

- increase physical activity opportunities and patterns;
- enhance healthy eating options and standards;
- break up and decrease sedentary time engagement (particularly screen/media time);
- promote breastfeeding support for appropriate age groups; and
- encourage adequate amounts of sleep.

Funding

The OPCP is currently funded through two federal grants: The Centers for Disease Control and Prevention 1305 Cooperative Agreement and the Preventive Health and Health Services Block Grant (PHHSBG). The goal of the 1305 Cooperative Agreement is to make healthy living easier for all Americans by providing resources that help to reduce risk factors associated with obesity, heart disease, stroke, and diabetes. This Cooperative Agreement is currently in its fifth and final year. The PHHSBG in Nevada provides support for public health needs and programs which are under or unfunded. PHHSBG is distributed in two-year grant cycles and is renewable depending upon federal allocations.

Program Initiatives

The OPCP is currently focusing on:

1. Promoting and increasing **physical activity** in Early Care and Education Centers (ECEs), through Worksite Wellness initiatives, and the development of an Active Transportation Plan.

2. Enhancing **healthy eating** options and standards in ECEs through Worksite Wellness initiatives and healthy vending efforts in community settings.

3. Developing strategies to divide and decrease **sedentary time** engagement in ECEs, and through Worksite Wellness initiatives.

4. Promoting **breastfeeding support** in ECEs, and through Worksite Wellness initiatives.

5. Collaborating with local and state partners for the promotion of key behaviors related to obesity prevention and reduction in Nevada.

In addition to a multitude of state and local partners, the OPCP facilitates these initiatives by working with three subgrantees: 1) The Children's Cabinet, 2) Children's Advocacy Alliance, and 3) Southern Nevada Health District (SNHD).

The Children's Cabinet provides Nevada Registry-approved trainings and ongoing technical assistance to ECE providers in the areas of nutrition, physical activity improvement and sedentary time reduction, and breastfeeding support. The Nevada Registry is a required program available through the Nevada Department of Education, Office of Early Learning and Development; it is a career development, recognition, and data collection system that captures important data about the ECE workforce. In April 2009, mandatory participation with The Nevada Registry was adopted into State Child Care Licensing regulations R112-06 and R001-09 for all early childhood educators working in licensed child care settings.

These trainings are developed using evidence-based standards. Trainings are based on:

- CDC's *Let's Move Child Care Checklist* (LMCC), a grant requirement and federal standard;
- the *Child and Adult Care Food Program* standards (CACFP), another federal standard that coincides with USDA's food guidelines;
- the Quality Rating and Improvement System (QRIS); and
- Nevada Registry requirements.

The Children's Advocacy Alliance convenes and leads the Early Childhood Obesity Prevention Steering Committee, which is comprised of various statewide, cross-sector members. In 2017, the Steering Committee finalized the *Nevada State Early Childhood (0-8 years) Prevention Five-Year Plan*. The Steering Committee and the OPCP strive to align regulations and trainings statewide to ensure all disseminated information contains the same evidence-based best practices.

SNHD is working to increase access to healthy foods and beverages in worksites through healthy vending. "Vending" includes automatic vending machines, cafeterias, snack bars, cart service, shelters, counters, and other equipment necessary for the sale of newspapers, periodicals, confections, foods, beverages, and other articles or services.[xvi] In 2017, SNHD finalized the

Department of Employment, Training, and Rehabilitation – Business Enterprise of Nevada (DETR-BEN) Nutrition Standards Policy, which has been approved by BEN and is currently being reviewed by the U.S. Department of Education. The DETR-BEN Nutrition Standards policy will affect all vending in Nevada government buildings. SNHD started roll-out of the policy in their jurisdiction, while the OPCP and the DPBH Worksite Wellness Committee have begun strategizing policy roll-out in Northern and Rural Nevada.

In addition, the OPCP coordinates and implements Worksite Wellness initiatives to encourage healthy behaviors in the workplace. Efforts have been piloted across DPBH with the intention of expanding throughout the Department of Health and Human Services once best practices are identified. Recent achievements include the coordination of four wellness challenges held over the past two years. Most recently, the second annual Holiday Wellness Challenge was conducted between November and December 2017, encouraging all DHHS employees statewide to maintain their weight throughout the holiday season by logging food intake and physical activity. Participants also received weekly newsletters with tips, strategies, and recipes to navigate the calorie-rich holiday season.

The OPCP also addresses environmental changes to encourage active lifestyles by modifying the built environment. In 2016, OPCP staff collaborated with statewide partners and the Nevada Bicycle and Pedestrian Advisory Board to develop *Active Transportation in Nevada: Charting a Course for the Road Ahead*, which will be published later in 2018. This report lays the foundation for a statewide active transportation plan, including best practice recommendations, current Nevada initiatives, and next steps. The report identifies several existing Nevada efforts and acknowledges the numerous subject matter experts and stakeholders who can assist with future transportation plan iterations.

Conclusion

While Nevada has made significant progress in addressing obesity among children and adults, obesity continues to be a growing health concern. Obesity is related to several poor health outcomes, both physical and behavioral, and is associated with lower quality of life. Reducing and preventing obesity is imperative for the health and well-being of Nevadans. The Nevada Division of Public and Behavioral Health is committed to reducing and preventing obesity across the state. The Nevada Obesity Prevention and Control Program will continue to address this issue with the help of various statewide partners and stakeholders by promoting healthy behaviors through education and supporting healthy environments.

[i] http://www.who.int/topics/obesity/en
[ii] https://www.cdc.gov/nchs/fastats/leading-causes-of-death.htm
[iii] Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. BRFSS Prevalence & Trends Data [online]. 2015. [accessed Feb 20, 2018]. https://www.cdc.gov/brfss/brfssprevalence/
[iv] https://www.cdc.gov/healthyweight/effects/index.html

[v] https://letsmove.obamawhitehouse.archives.gov/sites/letsmove.gov/files/TaskForce_on_Childhood_Obesity_May2010_FullReport.pdf

[vi] Ogden, C., et al., 2014. Prevalence of childhood and adult obesity in the United States, 2011-2012. JAMA 311(8): 806-814.

[vii] National Center for Health Statistics. Health, United States, 2011: With Special Features on Socioeconomic Status and Health. Hyattsville, MD; US. DHHS; 2012.

[viii] http://www.cdc.gov/healthyyouth/obesity/facts.html

[ix] http://www.cdc.gov/nchs/data/hestat/obesity_child_07_08/obesity_child_07_08.pdf

[x] Office of the Surgeon General. The Surgeon General's vision for a healthy fit nation. Rockville, MD: USDHHS; 2010.

[xi] Freedman D, Mei Z, Srinivasan S, Berenson G, Dietz W. Cardiovascular risk factors and excess adiposity among overweight children and adolescents: The Bogalusa Heart Study. J Ped 2007; 150: 12-17.

[xii] https://nccd.cdc.gov/BRFSSPrevalence/

[xiii] https://www.cdc.gov/nchs/pressroom/states/NV_2015.pdf

[xiv] http://nic.unlv.edu/files/KHS%20Year%209%20Report%20Final.pdf

[xv] Lensch T, Baxa A, Zhang F, Gay C, Larson S, Clements-Nolle K, Yang W. State of Nevada, DPBH and UNR. 2016 *Nevada High School YRBS*.

[xvi] http://www.southernnevadahealthdistrict.org/download/boh17/20170410/vii-staff-reports-nutrition-standards-policy.pdf